

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ONE NATION PAC

ADDRESS (number and street) ▼

PO BOX 10144

☐ Check if different than previously reported. (ACC)

PALM DESERT

CA

92255

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00468447

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) ☐ POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 25 2014 through M M M / D D D / Y Y Y Y Y Y 12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patrick Krason

Signature of Treasurer

Patrick Krason

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y 01 31 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ONE NATION PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		25		2014

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5"></td><td>-344.85</td></tr></table>						-344.85
Y	Y	Y	Y	Y														
2014																		
					-344.85													
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td>20399.00</td></tr></table>						20399.00											
					20399.00													
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5"></td><td>123.00</td></tr></table>						123.00	<table><tr><td colspan="5"></td><td>93652.74</td></tr></table>						93652.74				
					123.00													
					93652.74													
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td>20522.00</td></tr></table>						20522.00	<table><tr><td colspan="5"></td><td>93307.89</td></tr></table>						93307.89				
					20522.00													
					93307.89													
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td>4767.33</td></tr></table>						4767.33	<table><tr><td colspan="5"></td><td>77553.22</td></tr></table>						77553.22				
					4767.33													
					77553.22													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5"></td><td>15754.67</td></tr></table>						15754.67	<table><tr><td colspan="5"></td><td>15754.67</td></tr></table>						15754.67				
					15754.67													
					15754.67													
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ONE NATION PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11		25		2014

To:

M M	/	D D	/	Y Y Y Y
12		31		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

105.00

11785.00

(ii) Unitemized

18.00

41545.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

123.00

53330.70

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

123.00

53330.70

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

40322.04

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

123.00

93652.74

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

123.00

93652.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3558.65	53544.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3558.65	53544.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4700.00
24. Independent Expenditures (use Schedule E)	1207.29	10903.29
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1.39	8405.46
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4767.33	77553.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4767.33	77553.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	123.00	53330.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	123.00	53330.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3558.65	53544.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3558.65	53544.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. robert pfost

Mailing Address 5252 sandmound

City
oakley

State
CA

Zip Code
94561

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
od

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11AI.9038

Amount of Each Receipt this Period

30.00

Contribution

Full Name (Last, First, Middle Initial)

B. DANIEL SILV ER

Mailing Address 4621 BALBOA AVE

City
ENCINO

State
CA

Zip Code
91316

FEC ID number of contributing
federal political committee.

C

Name of Employer
SILVER ORTHOPEDIC CENTERS

Occupation
ORTHO SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11AI.9040

Amount of Each Receipt this Period

75.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

105.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. Fame Cigars and Wine Lounge

Mailing Address 155 S. Palm Canyon Drive

City	State	Zip Code
Palm Springs	CA	92262

Purpose of Disbursement
Meeting expenses

Candidate Name

ONE NATION PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		06		2014

Transaction ID : SB21B.9016

Amount of Each Disbursement this Period

76.51

Full Name (Last, First, Middle Initial)

B. Time Warner Cable

Mailing Address P.O. Box 60074

City	State	Zip Code
City of Industry	CA	91716

Purpose of Disbursement
Phone Service

Candidate Name

ONE NATION PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2014

Transaction ID : SB21B.9028

Amount of Each Disbursement this Period

161.24

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address P.O. Box 66100

City	State	Zip Code
Chicago	IL	60666

Purpose of Disbursement
Travel

Candidate Name

ONE NATION PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2014

Transaction ID : SB21B.9011

Amount of Each Disbursement this Period

75.98

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

313.73

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ONE NATION PAC

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 6360 Lake Worth Blvd

City	State	Zip Code
Lake Worth	TX	76135

Purpose of Disbursement
Office Equipment

Candidate Name

ONE NATION PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2014

Transaction ID : SB21B.9024

Amount of Each Disbursement this Period

166.18

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

166.18

2885.47

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 11
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ONE NATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00468447	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Active Engagement		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 44084 Riverside Parkway		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 707.29 </div> </div>	
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.9014
Purpose of Expenditure Email Communications		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4957.29 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee Snowview Strategies		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 1717 E. Vista Chino		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 500.00 </div> </div>	
City Palm Springs	State CA	Zip Code 92262	Transaction ID : SE.8021
Purpose of Expenditure IE Communications Strategy Consulting		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4250.00 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: flex; justify-content: space-between;"> 1207.29 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: flex; justify-content: space-between;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: flex; justify-content: space-between;"> 1207.29 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Patrick Krason

[Electronically Filed]

Date

MM / DD / YYYY

Signature